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Childhood: The Golden Period for Mental Hygiene¹

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THE outstanding fact that present-day psychiatry emphasizes is that mental illness is a type of reaction of the individual to his problems of adjustment which is conditioned by two factors—the nature of those problems and the character equipment with which they are met.

The first of these factors, the nature of the problems, we can dismiss with the general statement that any individual, theoretically at least, may break under the stresses of adjustment if only the stresses are sufficiently great. For any material, be it physical or mental, no matter how strong its make-up, a force may be conceived great enough to break it.

The second of these factors, the character equipment, is the important one for our consideration in this connection, for mental hygiene is calculated to reinforce the weak points in character while it may often be at a loss to change the nature of the problems which present themselves for solution, although both factors are proper subjects for its consideration.

A generation ago, psychiatry approached the various types of maladjustment from a purely descriptive standpoint, classifying the several disease pictures solely upon an enumeration of the symptoms. This was the period of studying mental illness in cross section. Later, under the influence of the Kraepelinian teaching, mental illnesses were classified upon the basis of their course and outcome. This was the period of studying mental illnesses in longitudinal section. To-day it is generally accepted that mental

illnesses are only reactions of the individual as a whole. Pathological reactions, then, are only a portion of the total behavior of the individual and can be understood only after a sufficient analysis of the personality make-up has made clear how the symptoms are the outcome of a certain character equipment brought to bear upon certain problems of adjustment. This is the period of behavioristic psychology and interpretative psychiatry.

Mental illnesses, defects of adjustment at the psychological level, are therefore dependent upon defects in the personality make-up, and as this personality make-up is what it is as a result of its development from infancy onward, it follows that the foundation of those defects which later issue in mental illness are to be found in the past history of that development.

ORIGIN OF CHARACTER TRAITS

The preceding is a somewhat abstract statement of what is found, as a matter of fact, in every psychosis as it passes in review in our clinical work. A study of the individual patient always discloses elements in the character make-up which have made for maladjustment over a period of years until finally, owing to some acute disaster or merely to the accumulation of stresses, the breaks or, in individuals more seriously burdened, the defects have conditioned a series of pathological symptoms which have resulted in marked and more or less continuous inefficiency. In other words, mental illnesses are found to be the outward and evident signs of intra-psychic difficulties—conflicts we call them—which conflicts in turn are found to be dependent upon

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traits of character that have their origins in the childhood of the individual. The capability of the individual for efficient adjustment becomes progressively weakened much after the analogy of two lines that start at a given point and pursue diverging courses. Finally they get so far apart that no bridging of the distance is possible; each pursues its own course independent of the other, and we have the symptoms, for example, of a split personality.

It is natural that character defects should first have attracted attention and been studied in those conditions in which the defects have produced gross and easily observable symptoms. A study of these gross defects of adjustment has shown, however, that the important etiological factors are not nearly as obvious as they were originally supposed to be, but on the contrary they are constituted of subtle defects which have been, often for long periods, quite successfully hidden from view.

The particular trait of character with which the individual has been struggling all his life—suspicion, cruelty, jealousy, timidity, curiosity, overconsciousness, etc.—the trait about which his difficulties arrange themselves, will be found on analysis to have been unfortunately conditioned early in life as a result of the influences exerted by the various members of the family or their surrogates. There is as yet no adequate appreciation of the continuity with which we express our effective states in our postural attitudes, our facial expressions, our voices, mannerisms, remarks, opinions, interests, aversions, and how subtly, half-consciously, often quite unconsciously, we read these signs in those about us and are correspondingly influenced. This personal world we live in is “not a world of formal thought

only, but more a world of feeling, and moreover a sentience so exquisitely fine and fluent as many times to be scarce conscious of itself and quite unconscious of its causal antecedents.”² The child in the family is one part of an organism which is highly responsive to all that goes on in that organism. The influences which thus reach the child find it peculiarly plastic, much more so than later in life when the main character traits have become firmly established, structuralized.

All of this points quite unequivocally to the period of childhood as the golden period for putting into effect the teachings of mental hygiene. It is the period *par excellence* for prophylaxis and therefore the period, above all others, which must be studied if psychiatry is ever to develop an effective program of prevention.

These statements will, I think, be pretty generally agreed to, but in this connection I wish to refer to certain tendencies of thinking which I believe have operated against this enlarged conception of the importance of the personality. I refer particularly to the thinking which has been dominated by the germ-plasm theory of heredity and certain derivatives from this theory which have tended to the conclusion that practically all of our characteristics, mental as well as physical, are handed down to us by our ancestors and are something, therefore, which we can do very little about. The theory of the non-inheritance of acquired characters and the further theory that for every last trait there is a germ-plasm determiner has introduced a fatalistic element into our thinking which has made for a therapeutic nihilism by turning attention away from a consideration of the possibilities of ef-

² Maudsley, Henry. *Organic to Human, Psychological and Sociological*. London: Macmillan and Company, 1916.

fectively modifying the fundamental elements of the character make-up. In this connection Ritter³ very aptly says that the germ-plasm dogma is "chargeable with the grave offense of having added its weight to a conception of human life the overcoming of which has been consciously or unconsciously man's aim throughout the whole vast drama of his hard, slow progress from lower to higher levels of civilization—the conception that his life is the result of forces against which his aspirations and efforts are impotent."

Even allowing that certain fundamental traits are inherited, that does not mean that nothing is to be accomplished in an effort to utilize those traits to better advantage. A congenital deaf mute does not have to give up all effort to communicate with his fellows just because he cannot do it in the usual way. A person may be from early childhood intensely curious. That does not mean that he must always use his curiosity in a socially offensive way. With proper opportunity and guidance, he may learn to use this trait to better and better advantage and may become a scientist utilizing his curiosity in searching out the secrets of nature rather than the secrets of his neighbors.

Apart from such considerations, however, there is much evidence that the theory of the continuity of the germ plasm and the non-inheritance of acquired characters, in fact the whole subject of heredity, will have to be materially modified, particularly as it relates to those mental traits that we are accustomed to observe in our fellows and our patients. Not only are certain biologists beginning to think of the germ plasm as being a part of the organism as a whole rather than as a

substance which is handed on from parents to offspring in unmodified form, but there is much evidence that mental traits, particularly those which later on make for defects of adjustment, precisely because these have attracted most attention, are developed in response to certain facts in the environment. For example, it is as logical to suppose that a son may develop traits like his father because he seeks to emulate him as it is to suppose that these traits were handed down to him through the medium of specific determiners in the germ plasm.⁴

If it is true that defects in the character make-up can be explained as originating in traits which were acquired in early childhood as reactions to certain factors in the child's environment, then the way is opened for an attempt to prevent such undesirable traits by an understanding of the child and a modification or elimination of those environmental factors which produce such results. For example, we all know many persons who are afraid of lightning, yet Watson tells us that in all the babies he has worked with he has never seen a reaction of fear to sudden flashes of light.⁵

If the fatalistic ways of thinking engendered by the theories of heredity can be put aside, then we find another reason for considering that the period of childhood offers the golden opportunity for mental hygiene and for realizing that this is the period upon which

⁴ See discussion of heredity in my *Mental Hygiene of Childhood*. Boston: Little, Brown and Company, 1919.

⁵ On the other hand, he tells us that loud noises will produce the reaction of fear in very young children. As the lightning is usually followed by thunder, the flash itself is soon reacted to by fear on the principle of the conditioned reflex. John B. Watson: *Practical and Theoretical Problems in Instinct and Habits* in *Suggestions of Modern Science Concerning Education*. New York: The Macmillan Company, 1918.

³ Ritter, W. E. *The Unity of the Organism or the Organismal Conception of Life*. Boston: Richard G. Badger, 1919.

effort must finally be centered in the development of a program of prevention.

PROGRAM OF PREVENTION

What are the points of attack for the development of such a program?

First, there must be a real understanding and development of child psychology. This development must be along the lines of behaviorism, a study of what the child is trying to do in terms of the child psyche. Here, as elsewhere in dealing with children, the tendency has been to think of the child as if it were a small adult and to project upon it those types of explanation which we as adults have found satisfying in our own personal experience. A behavioristic child psychology must get away from this tendency and get at the original data from first-hand observation. Such a study of the development of types of reaction, a study of the primitive instincts and their unfolding in the more complex reactions as development progresses, is of the first importance.

Second, an understanding of the nature of the child's relations to its environment, particularly its personal environment and specifically to the members of the family, is also essential. Its relation to the family situation begins from the moment of birth, and from the symptoms that later develop in the psychoses we have come to learn how important those relations are for conditioning the later reactions for better or for worse. The fact has too long escaped notice that the family situation contains within itself certain elements of a disruptive nature.⁶ It is as essential that the child should ultimately escape from its bondage to the family as it is that it should, during a certain period, be a part of that family

and more or less subject to its direction. The complex interplay of these attractions and repulsions needs to be more fully studied as they express themselves in the symbolic mosaic at the psychological level.

And thirdly, a full understanding of all these matters must reach their application in education. Here again the effort has too often been to project upon the child something which we as adults may think desirable rather than to understand the equipment of the child and then try to develop that equipment in the best possible way. Education has been largely empirical and too much confined to teaching; it needs to be developed as a scheme for assisting and guiding the developing personality, based upon a real understanding of the principles involved and the equipment.

And finally, inasmuch as it cannot be expected that the child is going to acquire all this information and then apply it to itself, it is essential to develop some means whereby such information can be translated into effectiveness. The child is so intimate and so all-pervading an element in our social structure that any organized effort to influence it profoundly in its development must needs touch every part of that structure. The obviously more important points of attack, however, are the home and the school, of which places probably the home offers the least encouragement. The relations between parents and children are governed, for the most part, by crude instinct and it would hardly seem that we have either organized knowledge in a sufficiently practical form or means at our disposal to alter this situation materially or even to interfere with it on a large scale, except in a superficial way, with anything like a sure touch. To be sure, much can be done by the trained social worker, but this is usually in

⁶ For a discussion of these elements, see my *Mental Hygiene of Childhood*.

cases where trouble already exists, and even such approaches must come largely through the schools. That this is so is perhaps unfortunate, for there are of necessity many problems that cannot be touched in this way except perchance through the family physician, who should become more and more a reliable source of information, advice, and strength as the teaching of psychiatry and kindred subjects broadens out in the medical schools.

Take, for example, the problem of the unwelcome child—the impregnation which was accidental and not desired, the months of childbearing endured without joy, the pains of parturition that are borne in bitterness, and finally the child, to be the recipient of all this accumulated feeling of resentment.⁷ “What is the later story of such a life?” “How could it be modified to advantage?” are the immediate questions, but perhaps of greater significance is the query how the problem of the unwelcome child relates itself to one of the burning questions of the day—birth control and the use of contraceptive measures. Man’s anti-pathetic tendencies, as well as his creative purposes, are sublimated and refined in the course of cultural evolution. The viable child is no longer plunged head down in a vase of water—the germ cells are not permitted in conjunction.

The school seems, therefore, to be the most practical place to work for

results, although of course a great deal of knowledge must be acquired about the child before it is of school age. Work of this character we are trying to plan in Washington in connection with a private charity which ministers to the infant, helping the mother during her pregnancy and the child for the first six years. Arrived at the school, however, the teacher becomes the surrogate for the parent and perhaps in many ways, not only by education, but because of emotional detachment, is better calculated to be of real service than the parent. If the teachers, with the machinery of the schools, are going to be of real value, it will mean that the education in the normal school will have to be broadened, the final result of which will be somewhat older, more mature, better teachers, better paid.

CORRELATION OF CHILDHOOD AND ADULT DELINQUENCY

All our approaches to the understanding of defective psychological adjustments point indubitably to childhood as the period when things first go wrong, and the indication is therefore clear that this is the period which must be studied and modified to prevent the failures of later life. A great mass of evidence has been accumulated which goes to show that serious breaks in adjustment do not ordinarily occur without the coöperation of some lack of balance in the personality make-up; that they are rarely to be satisfactorily accounted for by the influence of extraneous circumstances alone. This evidence has been accumulated from the study of actual breaks as we see them in our patients—breaks which we have come to look at only as end results.

The studies which have been made of delinquents show this very well indeed—for example, the young man who has finally come to a long-term

⁷ These remarks are not intended to apply to phenomena usually considered under the designation “maternal impressions.” I am referring only to the attitude of the mother toward a child that was not desired. Such an attitude conditions a feeling of inferiority which may be a serious handicap throughout life. A similar situation is produced when there are several children one of which is a favorite of the parents. In such a relationship the child feels keenly his inferiority in the family situation, as does the unwelcome child.

sentence in prison will almost invariably show, if a careful survey of his past life is made, a long series of conduct anomalies which make the final outcome not only understandable, but often quite inevitable. I have in mind a recent case that came under my observation. A negro ran amuck, broke into several dwellings, and in one shot and killed a young woman. He was convicted of murder in the first degree and sentenced to be hanged. A behavioristic survey of this man disclosed the fact that he had shown traits of lack of control, impulsive and irresponsible conduct from his early youth, that he early began to drink and to take drugs, that he had been arrested and served sentences upon many occasions for both major and minor offenses, that there was all through his career a tendency to indulge in acts of violence and acts that were calculated to jeopardize the safety and the lives of others. The final homicide was the logical outcome of such a career, and at this late date execution seems rather a confession of impotence in dealing with this anti-social problem. No really intelligent plan had ever been brought to bear upon the problem he presented, but he was allowed to pursue his course to its logical outcome; whereupon society washed its hands of him finally and for all time. From the standpoint of responsibility, it might well be questioned which was the more responsible—the society that permitted all this or the defective youth who went his way.

One of the most important issues in mental hygiene, then, as I see it, is to correlate the sick adult with the knowledge we have that his illness is traceable in its beginnings to his early life. I have already indicated that this must be done by a more developed knowledge of the psychology of childhood, which is reflected in the home, in the

school, and in the principles and methods of education. While all of this is true, we need not to lose sight of the fact that much work which is at present being carried on involves mental hygiene by implications, some very direct. Such work as the Child Bureau is doing in attempting to determine the minimum requirements of food, clothing, wages, etc., is obviously important. We must first have a live child if we are to have any problem at all. Efforts to improve the environment, even with reference to such obvious features as food, clothes, and ordinary sanitation, however, are not lacking in their general effect upon the mind of the developing child.

Recent observations in the devastated countries of Europe have shown how quickly destitution, which takes all the joy out of life, is reflected in the mental make-up of the children. Here also come in such problems as the care of the pregnant woman, child labor, sex education, school sanitation, and more specifically the problems of the atypical child and juvenile delinquency, all of which can be better dealt with in proportion to our increased knowledge of child psychology, while such social problems as marriage and divorce, and, as already indicated, birth control, have very direct bearings.

All of these several factors will be seen to have their bearings when it is realized that the child is not a finished product, but the result of influences which play upon it from all these sources. It is a product of the past through heredity, of the innumerable elements, largely personal, of its environment, of its instincts as they work out in relation to that environment, of social and family traditions, and of the social standards of its time and place, and all of the various approaches indicated can be made more effective in the light of such knowledge. I am minded

at this point to compare the broad behavioristic program that I have indicated with the restricted scheme that is spanned only too often by the Binet-Simon scale. This scale, as devised by its originators, may be a very valuable tool in the hands of a skilled observer, but as the "be all and end all" of child psychology it may become quite as vicious in its results as the fatalism inspired by the false theories of heredity I have already mentioned.

And finally, inasmuch as many of the breaks, perhaps most of them, occur in the adolescent period or the period of early adulthood, it would, to my mind, be of inestimable value if some help could be systematically extended to the youth when, if he has not as yet broken, the symptoms of final disaster are quite apt to be discoverable. This might easily be done while he is still in school or college, if there could be connected with each such institution an adviser skilled in matters psychological and sympathetic and understanding of the problems of the young. This is a matter to which Dr. Paton has called special attention. I feel sure that such an adviser, connected with our large universities, would soon establish a large and useful clinic to which a great number of the student body would resort for advice and assistance in dealing with their life problems as they are beginning to unfold at this most critical period of life. It is of the utmost necessity that not only should our schools and colleges be equipped to offer instruction in any branch of learning desired, but that the individual should be consulted as to his equipment, his personal tendencies and desires, his difficulties and short-

comings, as well as his special aptitudes and opportunities. Unless this is done, the big educational machines will go on grinding out their regular proportion of failures. When it is done, those failures can be minimized and it may be found that not a few may profitably be turned away from a higher education to a life of greater usefulness in some other direction.

This is the sort of effort that is calculated to adjust the educational machine to the needs of the individual. Today that machine offers a fixed structure into which the individual is fed, to come out well or ill in proportion to his capacity to meet the requirements. The means I suggest would have the effect of helping to adjust the educational opportunities to the needs of the individual and would be a movement towards individualizing the student just as we have learned in psychiatry that any material advances in therapeutic efficiency must come along with a further individualizing of our patients.

These are some of the directions in which my thought is led by a consideration of the mental hygiene of childhood. If we are to produce a better race of adults, we must be able to control the influences which go to mold the adult character. A practical program in this field seems to me to be possible, and to offer a decidedly more workable scheme than an effort to go back of the returns with the eugenist and control the material. The more we know of what can be accomplished with the material given us, the better position we shall be in to undertake the control of what that material shall be.